U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

3. Name and address of person filing.

Name Gerald J.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

Labor Organization File Number 000/8 02//00

4. Name, file number, and address of labor organization.

Name CWA Local 7203

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street R. R. Z. Box 159A	street // SE 4th St
ar Stewartville	car Rochester
State MN ZIP Code + 4 55 976	State M N ZIP Code + 4 S S 90 Y
5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Dwest Communications	Income Expense from Quest
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
street 1801 california Street	7.b. Amount. Siene 21st + 22nd 2004 Hotel 96, 43
City Denver	Airfare 204,00 Dinner 35.00
State Colorado ZIP Code + 4 80222-198	6 mch 25,00
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed Darold J. Finn	on 8-8-2005 507 259-9850 Date Telephone Number
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